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UPHS

3400 Spruce Street Philadelphia, PA 19104 United States of America Number Check Date 8007450 07/14/2023

VOID VOID VOID VOID VOID VOID VOID

Pay to the order of

Daniel J. Hoffman 3004 Brighton Street Philadelphia, PA 19149 US

Net Pay 1081.35

NON-NEGOTIABLE

| US | | | | | | |
|------------------------|---------------|-------------|-----------|---------------|------------|------------|
| Name | Social Number | er Employe | ee Number | Process Level | Department | Period End |
| Daniel J. Hoffman | 9991 | 514765 | | PAH | A4303 | 07/08/2023 |
| Summary | | | | | | |
| Description | | Hours | | Current | Year | to Date |
| | Total Gross | 80.0 | 00 | 2147.96 | 6 | 29393.64 |
| Tota | I Deductions |) | | 1066.49 | | 14689.70 |
| | Total Net | | | 1081.3 | 5 | 14703.22 |
| Earnings | | | | | | |
| Description | | Hours | Rate | Current | Yea | ar to Date |
| COVID19 Le | eave/Loan | | | | | 1242.24 |
| Healthy Rew | ard Credit | | | | | 175.00 |
| Impute | ed Income | | 0.12 | | 0.12 | 0.72 |
| Leg | al Holiday | 8.00 | 25.17 | 2 | 14.78 | 1050.68 |
| Personal Holiday | / PAH/HM | | | | | 830.7 |
| Re | gular Pay | 40.00 | 25.17 | 10 | 73.92 | 22750.67 |
| | Sick Pay | | | | | 414.08 |
| Vac | ation Pay | 32.00 | 25.17 | 8 | 59.14 | 2929.54 |
| | Total | 80.00 | | 214 | 47.96 | 29393.64 |
| Taxes | | | | | | |
| Descriptio | n | | | Current | Year t | o Date |
| | FEDERAL | INCOME TA | X | 174.85 | 5 | 2391.47 |
| MEDICARE TAX EE | | | D | 27.47 | 376. | |
| PA Unemployment EE | | | E | 1.51 | 1.51 20. | |
| PENNSYLVANIA STATE TAX | | | 58.17 | 3.17 797.5 | | |
| | PHILAI | DELPHIA TA | X | 81.41 | | 1114.02 |
| SOCIAL | SECURITY TA | X - Employe | е | 117.48 | 3 | 1610.73 |

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| | 0 | | |
|---------------|--|---------------------|---------------|
| Pretax Deduc | ctions | | |
| | Description | Current | Year to Date |
| | *Accidental Death & Dismembrmnt | 2.13 | 28.78 |
| | *Delta Dental | 18.48 | 258.72 |
| | *Health Care Flex - Even | 30.77 | 30.7 |
| | *Health Care Flex - Odd | | 375.0 |
| | *Penn Care | 195.00 | 2627.5 |
| | *SEPTA | | 60.00 |
| | *Vision Service Plan | 6.66 | 93.24 |
| | Total | 253.04 | 3474.12 |
| Aftertax Dedu | uctions | | |
| | Description | Current | Year to Date |
| | Dependent Life Ins - Children | 2.77 | 38.78 |
| | Dependent Life Ins - Spouse | 3.09 | 19.2 |
| | MISC 02 FLAT | 332.16 | 4650.24 |
| | Short Term Disability Post Tax | 11.15 | 150.51 |
| | Supplemental Life Insurance | 3.39 | 45.77 |
| | Total | 352.56 | 4904.51 |
| Auto Deposit | Distributions | | |
| Routing | Account | Description | Amount |
| xxxxx0053 | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | ANK, NATIONAL ASSOC | ATION 1081.35 |

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UPHS

3400 Spruce Street Philadelphia, PA 19104 United States of America Number Check Date 8039597 07/28/2023

VOID VOID VOID VOID VOID VOID VOID

Pay to the order of

Daniel J. Hoffman 3004 Brighton Street Philadelphia, PA 19149

Net Pay 1163.11

NON-NEGOTIABLE

| US | | | | | | | |
|------------------------|---------------|------------|----------|-----------------|------------|------------|--|
| Name | Social Number | Employee | e Number | Process Level | Department | Period End | |
| Daniel J. Hoffman | 9991 | 514 | 765 | PAH | A4303 | 07/22/2023 | |
| Summary | | | | | | | |
| Description | | Hours | | Current | Year | to Date | |
| | Total Gross | 80.00 | | 2272.96 | 6 | 31666.60 | |
| Tota | al Deductions | | | 1109.73 15799.4 | | | |
| | Total Net | | | 1163.11 | 1 | 15866.33 | |
| Earnings | | | | | | | |
| Description | Но | urs | Rate | Current | Ye | ar to Date | |
| COVID19 L | eave/Loan | | | | | 1242.24 | |
| Healthy Rew | ard Credit | | 125.00 | 1: | 125.00 300 | | |
| Imputed Income | | | 0.12 | | 0.12 | 0.84 | |
| Leg | al Holiday | | | | 1050.6 | | |
| Personal Holida | y PAH/HM | | | | | 830.71 | |
| Re | egular Pay | 80.00 | 25.17 | 21 | 47.84 | 24898.51 | |
| | Sick Pay | | | | | 414.08 | |
| Va | cation Pay | | | | | 2929.54 | |
| | Total | 80.00 | | 22 | 72.96 | 31666.60 | |
| Taxes | | | | | | | |
| Description | on | | | Current | Year | to Date | |
| FEDERAL INCOME TAX | | | | 189.85 | | 2581.32 | |
| MEDICARE TAX EE PAID | | | | 29.29 | 9 405.9 | | |
| PA Unemployment EE | | | | 1.59 | 59 22.1 | | |
| PENNSYLVANIA STATE TAX | | | | 62.01 | .01 859.5 | | |
| PHILADELPHIA TAX | | | | 86.15 | 1200.1 | | |
| SOCIAL | SECURITY TAX | - Employee | | 125.24 | | 1735.97 | |

| Pretax Dedu | ctions | | | |
|--------------|--|----------------------|--------------|--|
| | Description | Current | Year to Date | |
| | *Accidental Death &Dismembrmnt | 2.13 | 30.9 | |
| | *Delta Dental | 18.48 | 277.2 | |
| | *Health Care Flex - Even | 30.77 | 61.5 | |
| | *Health Care Flex - Odd | | 375.0 | |
| | *Penn Care | 195.00 | 2822.5 | |
| | *SEPTA | 10.00 | 70.0 | |
| | *Vision Service Plan | 6.66 | | |
| | Total | 263.04 | 3737.1 | |
| Aftertax Ded | uctions | | | |
| | Description | Current | Year to Date | |
| | Dependent Life Ins - Children | 2.77 | 41.5 | |
| | Dependent Life Ins - Spouse | 3.09 | 22.3 | |
| | MISC 02 FLAT | 332.16 | 4982.4 | |
| | Short Term Disability Post Tax | 11.15 | 161.6 | |
| | Supplemental Life Insurance | 3.39 | 49.1 | |
| | Total | 352.56 | 5257.0 | |
| Auto Deposit | Distributions | | | |
| Routing | Account | Description | Amount | |
| xxxxx0053 | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | ANK, NATIONAL ASSOCI | ATION 1163.1 | |

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UPHS 3400 Spruce Street Philadelphia, PA 19104 United States of America

Number Check Date

8071966 08/11/2023

VOID VOID VOID VOID VOID VOID VOID

Pay to the order of

Daniel J. Hoffman 3004 Brighton Street Philadelphia, PA 19149 Net Pay 1081.35

NON-NEGOTIABLE

| Name | Social Number | Employee | Number | Process Level | Departmen | Period End |
|---------------------|-------------------|----------------|--------|----------------|-----------|-------------|
| Daniel J. Hoffman | 9991 | 514 | 765 | PAH | A4303 | 08/05/2023 |
| Summary | | | | | | |
| Description | | Hours | | Current | Yea | r to Date |
| | Total Gross | 80.00 | | 2147.96 | | 33814.5 |
| Tot | tal Deductions | | | 1066.49 | | 16865.9 |
| | Total Net | | | 1081.35 | | 16947.6 |
| Earnings | | | | | | |
| Description | H | ours | Rate | Current | Y | ear to Date |
| COVID19 | Leave/Loan | | | | | 1242.2 |
| Healthy Re | ward Credit | | | | | 300.0 |
| Impu | ited Income | | 0.12 | | 0.12 | 0.9 |
| Le | gal Holiday | | | | | 1050.68 |
| Personal Holid | ay PAH/HM | | | | | 830.7 |
| F | Regular Pay | 80.00 | 25.17 | 214 | 7.84 | 27046.3 |
| | Sick Pay | | | | | 414.08 |
| V | acation Pay | | | | | 2929.54 |
| | Total | 80.00 | | 214 | 7.96 | 33814.56 |
| Taxes | | | | | | . 5 . |
| Descript | | 100115 711 | | Current | Yea | r to Date |
| | | NCOME TAX | | 174.85 | | 2756.17 |
| | MEDICARE T | | | 27.48 | | 433.47 |
| | | Ployment EE | | 1.50 | | 23.67 |
| | PENNSYLVANIA | ELPHIA TAX | | 58.17 81.41 | | 917.7 |
| 9001 | AL SECURITY TAX | | | 117.48 | | 1853.4 |
| 3001 | AL SECONTT TAX | Total | | 460.89 | | 7266.09 |
| Pretax Deductions | | TOTAL | | 400.09 | | 7200.03 |
| Descript | tion | | | Current | Yea | r to Date |
| | cidental Death &D | ismembrmnt | | 2.13 | | 33.04 |
| | * | Delta Dental | | 18.48 | | 295.68 |
| | *Health Care | e Flex - Even | | 30.77 | | 92.3 |
| | *Health Car | e Flex - Odd | | | | 375.05 |
| | | *Penn Care | | 195.00 | | 3017.56 |
| | | *SEPTA | | | | 70.00 |
| | *Vision | Service Plan | | 6.66 | | 106.56 |
| | | Total | | 253.04 | | 3990.20 |
| Aftertax Deductions | | | | | | |
| Descript | tion | | | Current | Yea | r to Date |
| | Dependent Life I | ns - Children | | 2.77 | | 44.3 |
| | Dependent Life | Ins - Spouse | | 3.09 | | 25.3 |
| | М | ISC 02 FLAT | | 332.16 | | 5314.5 |
| | Short Term Disab | ility Post Tax | | 11.15 | | 172.8 |
| | Supplemental Li | fa luarranaa | | 3.39 | | 52.5 |

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UPHS 3400 Spruce Street Philadelphia, PA 19104 United States of America

Number Check Date

8104183 08/25/2023

VOID VOID VOID VOID VOID VOID VOID

Pay to the order of

Daniel J. Hoffman 3004 Brighton Street Philadelphia, PA 19149 Net Pay 1071.35

NON-NEGOTIABLE

| Name | Social Number | er Employee | Number | Process Level | Department | Period End |
|-----------------------------|--------------------|------------------|--------|---------------|------------|------------|
| Daniel J. Hoffman | 9991 | 91 51476 | | PAH | A4303 | 08/19/2023 |
| Summary | | | | | | |
| Description | | Hours | | Current | Year | to Date |
| | Total Gross | 80.00 | | 2147.96 | ; | 35962.52 |
| Т | otal Deductions | | | 1076.49 | 1 | 17942.41 |
| | Total Net | | | 1071.35 | i | 18019.03 |
| Earnings | | | | | | |
| Description | | Hours | Rate | Current | Ye | ar to Date |
| COVID19 | D Leave/Loan | | | | | 1242.24 |
| | leward Credit | | | | | 300.00 |
| | outed Income | | 0.12 | | 0.12 | 1.08 |
| | ∟egal Holiday | | | | | 1050.68 |
| Personal Hol | | | | | | 830.71 |
| | Regular Pay | 56.00 | 25.17 | | 03.49 | 28549.84 |
| | Sick Pay | 16.00 | 25.17 | | 29.57 | 843.65 |
| | Vacation Pay | 8.00 | 25.17 | | 14.78 | 3144.32 |
| Tayaa | Total | 80.00 | | 214 | 17.96 | 35962.52 |
| Taxes Descri | ption | | | Current | Year | to Date |
| | | INCOME TAX | | 174.85 | i | 2931.02 |
| | MEDICARE | E TAX EE PAID | | 27.47 | | 460.94 |
| | PA Une | mployment EE | | 1.50 |) | 25.17 |
| | PENNSYLVAN | IIA STATE TAX | | 58.17 | | 975.92 |
| | PHILA | ADELPHIA TAX | | 81.41 | | 1362.99 |
| soc | CIAL SECURITY T | AX - Employee | | 117.49 |) | 1970.94 |
| | | Total | | 460.89 | 1 | 7726.98 |
| Pretax Deductions | | | | | | |
| Descri | ption | | | Current | Year | to Date |
| */ | Accidental Death 8 | &Dismembrmnt | | 2.13 | 1 | 35.17 |
| | | *Delta Dental | | 18.48 | 1 | 314.16 |
| | *Health Ca | are Flex - Even | | 30.77 | | 123.08 |
| | *Health C | Care Flex - Odd | | | | 375.05 |
| | | *Penn Care | | 195.00 | 1 | 3212.56 |
| | | *SEPTA | | 10.00 | | 80.00 |
| | *Visio | on Service Plan | | 6.66 | | 113.22 |
| Affantan Daduatiana | | Total | | 263.04 | | 4253.24 |
| Aftertax Deductions Descri | ption | | | Current | Year | to Date |
| 203011 | | e Ins - Children | | 2.77 | | 47.09 |
| | · | fe Ins - Spouse | | 3.09 | | 28.48 |
| | | MISC 02 FLAT | | 332.16 | | 5646.72 |
| | | ability Post Tax | | 11.15 | | 183.96 |
| | Supplemental | Life Insurance | | 3.39 | | 55.94 |
| | | | | | | |

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